CERTIFICATE OF DEATH

MARYLAND

Name in Full Joseph W Bayer -

Died at Town: Accident — County: Garrett

Date of death 1904 — Month: June — Day: 3d

Age — Years: 57 — Months: 8 — Days: 11

Sex Male — **Color or Race** Caucasian — **Birthplace** Somerset Co.

Occupation Merchant — **Where Residing if not at place of death** Accident

Married, Single or Widowed Married — **Name of Wife or Husband** Willie Bayer -

Father's Name Michael Bayer - — **Father's Birthplace** Pennsylvania

Mother's Maiden Name Mary Pirgle — **Mother's Birthplace** Pennsylvania

Name of person giving Information Aaron Bayer — **How related to deceased** Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Senility — **How long**

Immediate Inflomation of urinary organs — **How long** 3 months

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician H. R. Bayer

Address Accident Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Charles Fourinn X

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mun Oakland — County: Garrett

Date of death: Month: June — Day: 23 — Year: 1904 — Age: Years: 40 — Months: — — Days: —

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Miner — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: —

Father's Name: Ed Fourinn — Father's Birthplace: Md

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Information: O Brown — How related to deceased: none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Killed in coal mine — How long: instantly

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: No one

Address: [redacted]

Accident or Suicide? —

LIBRARY BUREAU A66016

Name in Full: Louisa Friend

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Sang Run; County: Garrett

Date of death 1904: Month: June; Day: 9

Age: Years: 56; Months: 7; Days: 11

Sex: Female; Color or Race: White; Birthplace: W. Va.

Married, Single or Widowed: married; Occupation: House Wife

Name of Wife or Husband: Charles A Friend

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving information: Charles A Friend

How related to deceased: Husban

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Nephritis — How long: 1 month

Immediate: Nephritis — How long: 1 month

Are the name, age, sex, color, date and place correctly given above? yes,

Signature of Physician: H Rebager M.D.

Address: Accident Md

Accident or Suicide?

LIBRARY BUREAU A66618

Name in Full: Marguerite Hone

CERTIFICATE OF DEATH

MARYLAND

Died at- near Town: Friendsville County: Garrett

Date of death 1904: Month: June Day: 5th Age: Years: 5 Months: 2 Days: 16

Sex: female Color or Race: White Birthplace: Maryland

Married, Single or Widowed: Single Occupation:

Name of Wife or Husband:

Father's Name: Wm Hone Father's Birthplace: Maryland

Mother's Maiden Name: Laura S Davis Mother's Birthplace: Maryland

Name of person giving In formation: Laura S Hone How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Inflamatory Rheumatism How long: 2 weeks

Immediate: Heart- Failure How long:

Are the name, age, sex, color. date and place correctly given above? yes

Signature of Physician: A. J. Mason M.D.

Address: Friendsville Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU Aessie

Name in Full: Baby Kissinger

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: near Norman Glade — County: Garrett

Date of death: Month: June — Day: 29 — 1904

Age — Years: 1 day — Months: — — Days: —

Sex: Boy

Color or Race: White

Birthplace: Md

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: John Kissinger

Father's Birthplace: Md

Mother's Maiden Name: Annie Evans

Mother's Birthplace: Md

Name of person giving information:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Stillborn 9.

How long:

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: M. L. Hinebaugh

Address: Oakland

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Liller

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Oakland — County: Garrett

Date of death: 1904 — Month: June — Day: 25 — Years: 2 — Months: — — Days: —

Sex: Boy — Color or Race: White — Birthplace: Md

Occupation: None — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Edidd Liller — Father's Birthplace: Md

Mother's Maiden Name: Mrs Liller — Mother's Birthplace: W Va.

Name of person giving In formation: A Browne — How related to deceased: None

CAUSES OF DEATH

Primary: Typhoid fever — How long: 3 weeks

Immediate: — — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: M C Hinebaugh

Address: Oakland

Accident or Suicide?

LIBRARY BUREAU A89516

Name in Full

Certificate of Death

Amos Shaffer Mosser

Town

Hauvers

County

Garrett

Died at

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
June	21	4	10	23	Maryland	Farmer

Date 19 04

Age

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~

Number of children living 4

Husband of Mary E. Mosser. Nee Shaffer

~~Wife~~

Father's Name George G. Mosser

Mother's Maiden Name Mary A. Shaffer

Cause of Death: Primary Cysto Brights

Immediate Pneumonia

How long sick Three weeks

~~Accident, Suicide, Homicide~~

Reported by J Gilbert Selbert

Address Eglon W Va

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Baby Smith

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: New Oakland — County: Garrett

Date of death: 1904 — Month: June — Day: 19

Age — Years: — Months: 5 — Days: —

Sex: Girl — Color or Race: White — Birthplace: Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: W H Smith — Father's Birthplace: Md

Mother's Maiden Name: Lorie A McCardle — Mother's Birthplace: —

Name of person giving information: W Sawyer — How related to deceased: Bro in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Sudden — How long: Sudden

Immediate: — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W H Rosenkrantz

Address: Oakland

Accident or Suicide?

LIBRARY BUREAU A66816